

County: Rock
 PREMIER REHABILITATION & SKILLED NURSING
 2121 PIONEER DRIVE

Facility ID: 2080

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BELOIT 53511 Phone:(608) 365-9526
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 120
 Total Licensed Bed Capacity (12/31/02): 120
 Number of Residents on 12/31/02: 107

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 112

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			33.6
Supp. Home Care-Personal Care	No						More Than 4 Years			42.1
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	3.7				24.3
Day Services	No		Mental Illness (Org./Psy)	31.8	65 - 74	3.7				-----
Respite Care	Yes		Mental Illness (Other)	3.7	75 - 84	33.6				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	53.3				*****
Adult Day Health Care	Yes		Para-, Quadra-, Hemiplegic	0.9	95 & Over	5.6				Full-Time Equivalent
Congregate Meals	No		Cancer	0.9		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	6.5		100.0				(12/31/02)
Other Meals	No		Cardiovascular	21.5	65 & Over	96.3				-----
Transportation	No		Cerebrovascular	9.3		-----				RNs 13.0
Referral Service	No		Diabetes	16.8	Sex	%				LPNs 11.4
Other Services	No		Respiratory	6.5		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	1.9	Male	29.9				Aides, & Orderlies 48.7
Mentally Ill	No			-----	Female	70.1				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	1.3	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	12	100.0	303			75	97.4	111	0	0.0	0	18	100.0	160	0	0.0	0	0	0.0	0	105	98.1
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			1	1.3	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0				77	100.0		0	0.0		18	100.0		0	0.0		0	0.0		107	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	4.4	Bathing		8.4	69.2		22.4		107
Private Home/With Home Health	0.0	Dressing		19.6	59.8		20.6		107
Other Nursing Homes	3.0	Transferring		29.0	49.5		21.5		107
Acute Care Hospitals	85.9	Toilet Use		27.1	43.0		29.9		107
Psych. Hosp.-MR/DD Facilities	0.0	Eating		73.8	7.5		18.7		107
Rehabilitation Hospitals	0.0	*****							
Other Locations	6.7	Continence		%	Special Treatments		%		
Total Number of Admissions	135	Indwelling Or External Catheter		10.3	Receiving Respiratory Care				8.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		47.7	Receiving Tracheostomy Care				0.0
Private Home/No Home Health	29.1	Occ/Freq. Incontinent of Bowel		45.8	Receiving Suctioning				0.0
Private Home/With Home Health	11.2	Mobility			Receiving Ostomy Care				2.8
Other Nursing Homes	3.0	Physically Restrained		4.7	Receiving Tube Feeding				2.8
Acute Care Hospitals	12.7				Receiving Mechanically Altered Diets				14.0
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics				
Rehabilitation Hospitals	0.7	With Pressure Sores		5.6	Have Advance Directives				78.5
Other Locations	16.4	With Rashes		0.9	Medications				
Deaths	26.9				Receiving Psychoactive Drugs				41.1
Total Number of Discharges (Including Deaths)	134								

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	84.7	1.10	85.7	1.09	85.3	1.09	85.1	1.10
Current Residents from In-County	86.0	81.6	1.05	81.9	1.05	81.5	1.06	76.6	1.12
Admissions from In-County, Still Residing	24.4	17.8	1.38	20.1	1.22	20.4	1.20	20.3	1.20
Admissions/Average Daily Census	120.5	184.4	0.65	162.5	0.74	146.1	0.82	133.4	0.90
Discharges/Average Daily Census	119.6	183.9	0.65	161.6	0.74	147.5	0.81	135.3	0.88
Discharges To Private Residence/Average Daily Census	48.2	84.7	0.57	70.3	0.69	63.3	0.76	56.6	0.85
Residents Receiving Skilled Care	99.1	93.2	1.06	93.4	1.06	92.4	1.07	86.3	1.15
Residents Aged 65 and Older	96.3	92.7	1.04	91.9	1.05	92.0	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	72.0	62.8	1.15	63.8	1.13	63.6	1.13	67.5	1.07
Private Pay Funded Residents	16.8	21.6	0.78	22.1	0.76	24.0	0.70	21.0	0.80
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	35.5	29.3	1.21	37.0	0.96	36.2	0.98	33.3	1.07
General Medical Service Residents	1.9	24.7	0.08	21.0	0.09	22.5	0.08	20.5	0.09
Impaired ADL (Mean)	45.6	48.5	0.94	49.2	0.93	49.3	0.93	49.3	0.93
Psychological Problems	41.1	52.3	0.79	53.2	0.77	54.7	0.75	54.0	0.76
Nursing Care Required (Mean)	4.3	6.8	0.64	6.9	0.62	6.7	0.64	7.2	0.60